

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

HEALTHWAYS INC. FEDERAL PAC

ADDRESS (number and street) ▼

701 Cool Springs Blvd.

☐ Check if different than previously reported. (ACC)

Franklin

TN

37067

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00411918

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☒ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
11 01 2011

through

M M M / D D D / Y Y Y Y Y Y
11 30 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Glenn Hargreaves

Signature of Treasurer

Glenn Hargreaves

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
12 15 2011

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

HEALTHWAYS INC. FEDERAL PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
11 / 01 / 2011 To: M M / D D / Y Y Y Y Y Y
11 / 30 / 2011

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2011		41797.17
(b) Cash on Hand at Beginning of Reporting Period.....	35252.52	
(c) Total Receipts (from Line 19)	1855.72	12709.97
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	37108.24	54507.14
7. Total Disbursements (from Line 31)	14.32	17413.22
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	37093.92	37093.92
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

HEALTHWAYS INC. FEDERAL PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	1		2	0	1	1		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		3	0		2	0	1	1		

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1364.10	8695.74
(ii) Unitemized	491.62	4014.23
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	1855.72	12709.97
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	1855.72	12709.97
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	1855.72	12709.97
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1855.72	12709.97

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	14.32	163.22
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	14.32	163.22
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	17250.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	14.32	17413.22
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14.32	17413.22

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1855.72	12709.97
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1855.72	12709.97
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	14.32	163.22
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	14.32	163.22

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

HEALTHWAYS INC. FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Craig L Ballenger

Mailing Address 262 Lake Terrace Drive

City State Zip Code
Hendersonville TN 37075

FEC ID number of contributing
federal political committee.

C

Name of Employer

Healthways, Inc

Occupation

Mgr, Project Portfolio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

11 / 11 / 2011

Transaction ID : SA11AI.5589

Amount of Each Receipt this Period

19.23

Payroll deduction

Full Name (Last, First, Middle Initial)

B. Craig L Ballenger

Mailing Address 262 Lake Terrace Drive

City State Zip Code
Hendersonville TN 37075

FEC ID number of contributing
federal political committee.

C

Name of Employer

Healthways, Inc

Occupation

Mgr, Project Portfolio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

11 / 25 / 2011

Transaction ID : SA11AI.5620

Amount of Each Receipt this Period

19.23

Payroll deduction

Full Name (Last, First, Middle Initial)

C. Stefen Brueckner

Mailing Address 16986 Cortile Drive

City State Zip Code
Naples FL 34110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Healthways, Inc.

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1425.00

Date of Receipt

11 / 11 / 2011

Transaction ID : SA11AI.5612

Amount of Each Receipt this Period

25.00

Payroll deduction

SUBTOTAL of Receipts This Page (optional)..... ►

63.46

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

HEALTHWAYS INC. FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Stefen Brueckner

Mailing Address 16986 Cortile Drive

City State Zip Code
 Naples FL 34110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Healthways, Inc.

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1450.00

Date of Receipt

11 / 25 / 2011

Transaction ID : SA11AI.5616

Amount of Each Receipt this Period

25.00

Payroll deduction

Full Name (Last, First, Middle Initial)

B. Thomas F Cox

Mailing Address 617 Westview Ave.

City State Zip Code
 Nashville TN 37205

FEC ID number of contributing
federal political committee.

C

Name of Employer

Healthways, Inc.

Occupation

Vice President, BU Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

11 / 11 / 2011

Transaction ID : SA11AI.5613

Amount of Each Receipt this Period

38.46

Payroll deduction

Full Name (Last, First, Middle Initial)

C. Thomas F Cox

Mailing Address 617 Westview Ave.

City State Zip Code
 Nashville TN 37205

FEC ID number of contributing
federal political committee.

C

Name of Employer

Healthways, Inc.

Occupation

Vice President, BU Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

11 / 25 / 2011

Transaction ID : SA11AI.5617

Amount of Each Receipt this Period

38.46

Payroll deduction

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

101.92

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

HEALTHWAYS INC. FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Michael Davis

Mailing Address 517 Brixham Park Drive

City

Franklin

State

TN

Zip Code

37069

FEC ID number of contributing
federal political committee.

C

Name of Employer

Healthways, Inc.

Occupation

Director, Process Excellence

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

11 / 11 / 2011

Transaction ID : SA11AI.5591

Amount of Each Receipt this Period

19.23

Payroll deduction

Full Name (Last, First, Middle Initial)

B. Michael Davis

Mailing Address 517 Brixham Park Drive

City

Franklin

State

TN

Zip Code

37069

FEC ID number of contributing
federal political committee.

C

Name of Employer

Healthways, Inc.

Occupation

Director, Process Excellence

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

11 / 25 / 2011

Transaction ID : SA11AI.5622

Amount of Each Receipt this Period

19.23

Payroll deduction

Full Name (Last, First, Middle Initial)

C. William P Dorney

Mailing Address 386 Monroe Ave.

City

Wyckoff

State

NJ

Zip Code

07481

FEC ID number of contributing
federal political committee.

C

Name of Employer

Healthways, Inc.

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

11 / 11 / 2011

Transaction ID : SA11AI.5593

Amount of Each Receipt this Period

20.00

Payroll deduction

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

58.46

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

HEALTHWAYS INC. FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. William P Dorney

Mailing Address 386 Monroe Ave.

City State Zip Code
Wyckoff NJ 07481

FEC ID number of contributing
federal political committee.

C

Name of Employer

Healthways, Inc.

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 25 / 2011

Transaction ID : SA11AI.5624

Amount of Each Receipt this Period

20.00

Payroll deduction

Full Name (Last, First, Middle Initial)

B. Suzanne Duda

Mailing Address 812 S Lee St

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing
federal political committee.

C

Name of Employer

Healthways, Inc.

Occupation

Liaison Sr, Gov Ind Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 11 / 2011

Transaction ID : SA11AI.5594

Amount of Each Receipt this Period

20.00

Payroll deduction

Full Name (Last, First, Middle Initial)

C. Suzanne Duda

Mailing Address 812 S Lee St

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing
federal political committee.

C

Name of Employer

Healthways, Inc.

Occupation

Liaison Sr, Gov Ind Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 18 / 2011

Transaction ID : SA11AI.5644

Amount of Each Receipt this Period

250.00

Personal check

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

290.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)

HEALTHWAYS INC. FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Suzanne Duda

Mailing Address 812 S Lee St

City
Alexandria

State Zip Code
VA 22314

FEC ID number of contributing
federal political committee.

C

Name of Employer

Healthways, Inc.

Occupation

Liaison Sr, Gov Ind Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

11 / 25 / 2011

Transaction ID : SA11AI.5625

Amount of Each Receipt this Period

20.00

Payroll deduction

Full Name (Last, First, Middle Initial)

B. Glenn A. Hargreaves

Mailing Address 1229 Kilrush Drive

City
Franklin

State Zip Code
TN 37069

FEC ID number of contributing
federal political committee.

C

Name of Employer

Healthways, Inc.

Occupation

Director, Tax

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

11 / 11 / 2011

Transaction ID : SA11AI.5600

Amount of Each Receipt this Period

20.00

Payroll deduction

Full Name (Last, First, Middle Initial)

C. Glenn A. Hargreaves

Mailing Address 1229 Kilrush Drive

City
Franklin

State Zip Code
TN 37069

FEC ID number of contributing
federal political committee.

C

Name of Employer

Healthways, Inc.

Occupation

Director, Tax

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

11 / 25 / 2011

Transaction ID : SA11AI.5630

Amount of Each Receipt this Period

20.00

Payroll deduction

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 14

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

HEALTHWAYS INC. FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ronald B. Holroyd

Mailing Address 3929 Oliver Street

City

Chevy Chase

State

MD

Zip Code

20815

FEC ID number of contributing
federal political committee.

C

Name of Employer

Healthways, Inc.

Occupation

VP Finance

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 25 / 2011

Transaction ID : SA11AI.5631

Amount of Each Receipt this Period

10.00

Payroll deduction

Full Name (Last, First, Middle Initial)

B. Alfred Lumsdaine

Mailing Address 701 Cool Springs Blvd.

City

Franklin

State

TN

Zip Code

37067-2697

FEC ID number of contributing
federal political committee.

C

Name of Employer

Healthways Inc.

Occupation

Controller

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 11 / 2011

Transaction ID : SA11AI.5615

Amount of Each Receipt this Period

25.00

Payroll deduction

Full Name (Last, First, Middle Initial)

C. Alfred Lumsdaine

Mailing Address 701 Cool Springs Blvd.

City

Franklin

State

TN

Zip Code

37067-2697

FEC ID number of contributing
federal political committee.

C

Name of Employer

Healthways Inc.

Occupation

Controller

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 25 / 2011

Transaction ID : SA11AI.5619

Amount of Each Receipt this Period

25.00

Payroll deduction

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

HEALTHWAYS INC. FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Vicki Shepard

Mailing Address 14 Compton Place

City

Nashville

State

TN

Zip Code

37215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Healthways, Inc.

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.07

Date of Receipt

11 / 11 / 2011

Transaction ID : SA11AI.5604

Amount of Each Receipt this Period

41.67

Payroll deduction

Full Name (Last, First, Middle Initial)

B. Vicki Shepard

Mailing Address 14 Compton Place

City

Nashville

State

TN

Zip Code

37215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Healthways, Inc.

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.74

Date of Receipt

11 / 25 / 2011

Transaction ID : SA11AI.5636

Amount of Each Receipt this Period

41.67

Payroll deduction

Full Name (Last, First, Middle Initial)

C. Robert Stone

Mailing Address 1936 Bristol Court

City

Brentwood

State

TN

Zip Code

37027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Healthways, Inc.

Occupation

Executive VP/CSO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

11 / 11 / 2011

Transaction ID : SA11AI.5605

Amount of Each Receipt this Period

38.46

Payroll deduction

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

121.80

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HEALTHWAYS INC. FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Robert Stone

Mailing Address 1936 Bristol Court

City

Brentwood

State

TN

Zip Code

37027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Healthways, Inc.

Occupation

Executive VP/CSO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.74

Date of Receipt

11 / 25 / 2011

Transaction ID : SA11AI.5637

Amount of Each Receipt this Period

38.46

Payroll deduction

Full Name (Last, First, Middle Initial)

B. Amy Tippet

Mailing Address 351 Pemberwick Rd
#921

City

Greenwich

State

CT

Zip Code

06831

FEC ID number of contributing
federal political committee.

C

Name of Employer

Healthways, Inc.

Occupation

Dir, Account Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 25 / 2011

Transaction ID : SA11AI.5639

Amount of Each Receipt this Period

500.00

Payroll deduction

Full Name (Last, First, Middle Initial)

c. Charles Wochomurka III

Mailing Address 2009 John J Court

City

Franklin

State

TN

Zip Code

37067

FEC ID number of contributing
federal political committee.

C

Name of Employer

Healthways, Inc.

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

11 / 11 / 2011

Transaction ID : SA11AI.5610

Amount of Each Receipt this Period

30.00

Payroll deduction

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

568.46

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

HEALTHWAYS INC. FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Charles Wochomurka III

Mailing Address 2009 John J Court

City

Franklin

State

TN

Zip Code

37067

FEC ID number of contributing
federal political committee.

C

Name of Employer

Healthways, Inc.

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

11 / 25 / 2011

Transaction ID : SA11AI.5642

Amount of Each Receipt this Period

30.00

Payroll deduction

Full Name (Last, First, Middle Initial)

B. Stephanie J Wong

Mailing Address 2047 Se 56th Ave

City

Portland

State

OR

Zip Code

97215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Healthways

Occupation

Dir, Field Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

11 / 11 / 2011

Transaction ID : SA11AI.5611

Amount of Each Receipt this Period

5.00

Payroll deduction

Full Name (Last, First, Middle Initial)

C. Stephanie J Wong

Mailing Address 2047 Se 56th Ave

City

Portland

State

OR

Zip Code

97215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Healthways

Occupation

Dir, Field Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

11 / 25 / 2011

Transaction ID : SA11AI.5643

Amount of Each Receipt this Period

5.00

Payroll deduction

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

40.00

1364.10